24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Vote!		C C00473918
		<u> </u>
Check if \times 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
Moxie Media		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 30084		Amount
City State	Zip Code	8625.12
Seattle WA	98113-2084	Transaction ID: VN7A7A1W831 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 001	Date of Disbursement of Obligation
Name of Federal Candidate	Support (Office Sought: X House District: 07
Pramila Jayapal	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
Citato	Zin Codo	
City State	Zip Code	
Purpose of Expenditure	2-1	Date of Disbursement or Obligation
	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		8625.12
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		8625.12
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
	onically Filed] Date	07 25 2016
Signature		